

Community Health Improvement Plan Annual Report, 2019

Florida Department of Health in Seminole County

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Table of Contents

Introduction2
Overview of Community Health Improvement Plan (CHIP)3
Summary of CHIP Annual Review Meeting November 14, 2019
Revisions17
Accomplishments
Conclusion21
Appendices

Introduction

This annual review report summarizes the work, progress, and accomplishments of the 2017-2020 Seminole County Community Health Improvement Plan. In 2016, the Florida Department of Health in Seminole County (DOH-Seminole) participated in a collaborative effort with hospitals and surrounding county health departments to develop a comprehensive Community Health Needs Assessment (CHNA). In the fourth quarter of 2016, the CHNA was published, initiating the 2017-2020 Seminole community health improvement planning cycle.

While maintaining progress with the current plan to ensure consistency and avoid progress interruption, our community partners proactively engaged in planning and completion of the 2019 Community Health Needs Assessment (CHNA) which led to the development of the 2020-2023 Seminole County Community Health Improvement Plan.







Pictures courtesy of Seminole County Government

Overview of the Community Health Improvement Plan (CHIP)

The health of a community, and associated outcomes, is determined by various social, economic and environmental factors. As such, routine assessment of key community health indicators is core to public health and remains a critical component to the broader community health improvement planning process. In 2016, the Florida Department of Health in Seminole County (DOH-Seminole) participated in a collaborative effort with hospitals and surrounding county health departments to develop a comprehensive Community Health Needs Assessment (CHNA). A community health needs assessment is a process that uses both qualitative and quantitative methods to systematically collect and analyze health data to identify current trends and opportunities for improvement. Health data utilized for the CHNA included factors addressing health risks, quality of life, social determinants, inequity, mortality, morbidity, community assets, forces of change and how the public health system provides the ten essential public health services. The regional public health collaboration partnered with the consulting services of Impact Partners, LLC to facilitate collection, analysis and evaluation of community data.

In February 2017, DOH-Seminole engaged thirty-six (36) community health partners in the development of the 2017-2020 Seminole County Community Health Improvement Plan (CHIP). The community-driven strategic planning process for improving community health, Mobilizing for Action through Planning and Partnership (MAPP), was the accredited framework utilized to develop the CHIP. The four key MAPP assessments used throughout the process were:

- 1. Community Health Status Assessment
- 2. Community Themes and Strengths Assessment
- 3. Forces of Change Assessment
- 4. Local Health System Assessment

Facilitation of the MAPP and overall CHIP development was conducted by consulting firm Quad R, LLC. Through this process nine (9) strategic health issues were identified for Seminole County. Health issues were then prioritized by the community health partners related to trending community health outcomes and larger scale emerging health issues. Three-year strategic action plans were developed to establish accountability towards obtaining measurable health improvements and quality outcomes. The four identified key priority areas were:

- 1. Health Literacy & Access to Care
- 2. Chronic Disease
- 3. Maternal & Child Health
- 4. Mental Health (Revised to: Behavioral Health: Mental & Substance Abuse)

High-level goals were determined based on the most recent indicator data during the fourth and final CHIP planning session on February 24, 2017. Continued goal development and formation of objectives and associated action plans were processed through community teams focused on specific priority areas.

To promote continued development and goal achievement, DOH-Seminole actively participates as a member of each priority area work team. Teams meet at least quarterly to review activities and actions associated with the focus area. In addition, DOH-Seminole hosts quarterly Seminole CHIP Steering Committee (Healthy Seminole) meetings to review action plans, discuss and mitigate barriers and prioritize next steps.

GOAL
Improve access to care through improved health literacy for all Seminole County residents.
Increase the percentage of Seminole County residents at a healthy weight.
Decrease black infant mortality rates in Seminole County.
Increase understanding of mental health needs for adult residents in Seminole County. Reduce opioid use within Seminole County.



Pictures courtesy of Seminole County Government

Summary of CHIP Annual Review Meeting and Approach

The current 2017-2020 Seminole County Community Health Improvement Plan was finalized in June 2017 after completion of four community planning sessions in February 2017. The Community Health Improvement Planning sessions convened cross-sectional community representatives to identify, prioritize and select the four priority areas utilizing the Mobilizing for Action Through Planning and Partnership (MAPP) process.



On November 14, 2019, the Healthy Seminole Collaborative met to report on progress made in each priority area during 2019. Unfortunately, not all partners were able to report during the meeting, therefore progress made in 2019 by other partner organizations were obtained through phone, face to face conversations and email. Since

the kick-off meeting, the Healthy Seminole Collaborative has continued with this evaluation approach, meeting quarterly to review work team action plans, next steps and provide aids to mitigate/remove barriers and fill resource gaps.

This cross-sectional collaborative approach has promoted significant advancements in each of the identified priority areas including obtainment of key milestones within each of the four strategic issue areas. Behavioral health accomplishments included expansion of the Seminole County Opioid Council, and the formation of the Seminole Collaborative Opioid Response Efforts (S.C.O.R.E.) team and its five (5) prong approach addressing and targeting Prevention, Enforcement, Medical, Treatment and Legislation lead by the Seminole County Sheriff's Office. Chronic disease prevention accomplishments included increasing the use of the food insecurity two question assessment with the support of the Health and Hunger Taskforce, expansion of the DOH-Seminole co-located food pantry program, with the support of the Sharing Center and expansion of the Congregational Wellness program, in partnership with local churches. Also, enhancements in the Community Integrated Mobile Health Services (CIMHS) program, in partnership with the Health Council of East Central Florida and the Centers for Disease Control and Prevention, resulted in two new initiatives to target chronic diseases, Chronic Obstructive Pulmonary Disease (COPD) and Asthma. Health Literacy and Access to Care accomplishments, initially guided by the Adult Literacy League, included continued partnerships to support identified priority communities in Goldsboro, Winwood and Johnson Heights. Partnerships in the priority communities improved participation of resident-led community committees like the Choice Neighborhood Initiative (CNI), Lillie H. Green Community Center Stakeholder Group and Improving Oviedo Neighborhoods (ION) from each city respectively.

Summary of Strategic Issue Areas

Strategic Issue Area Health Literacy & Access to Care

Access to care refers to the ease with which an individual can obtain needed medical services. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. As part of the 2016 Community Health Needs Assessment (CHNA), a Local Public Health Systems Assessment was conducted for Seminole County. Results identified access to quality care as a top priority for county residents. Additional CHNA data regarding community assets reflected opportunities for improvement related to health literacy. As described by the Centers for Disease Control and Prevention: Understanding Health Literacy website (https://www.cdc.gov/healthliteracy/learn/understanding.html), health literacy is defined as follows:

"Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services. Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems and protect our health, as well as better manage those problems and unexpected situations that happen."

During 2019, the Collaborative was challenged to identify a champion for this priority area, but through collaboration and communication, progress has been achieved. Examples of collaboration include the enhancement of DOH-Seminole Mobile Health Services, now Community Integrated Mobile Health Services (CIMHS), in partnership with the Health Council of East Central Florida, which deploys resources and services throughout the community to reach the uninsured, underinsured and vulnerable populations. CIMHS establishes relationships with partners to determine gaps in existing healthcare and resources and addresses them collaboratively. Services provided include: emergency department post discharge follow-up to prevent or minimize readmission and education and monitoring of patients with chronic diseases such as COPD and asthma.

Through CIMHS, the Community Paramedicine Program, in partnership with a grant from Orlando Health, showed significant benefits to the community in pulmonary disease management. After one full year of program implementation, 42 clients were served with a reduction in COPD/pneumonia illness rate by 2.87%, from 13.98% in 2018 down to 11.11% in 2019. The program estimated re-admission aversion count was 23 events, for an estimated savings for pulmonary care between \$207,000.00 and \$276,000.00. The average readmission cost for COPD is between \$9,000 & \$12,000. These preliminary results far exceed the amount of the community grant resulting in a net win for all stakeholders, including patients, clinicians, families, community, government, and taxpayers.

Another example is the completion of the community health assessment for the priority population areas in the city of Oviedo. This assessment is expected to contribute to improvement efforts lead by the Improving Oviedo Neighborhoods (ION) committee, a program supported by the city of Oviedo. Finally, one of the most recent achievements toward health literacy is the opening of the *Brain Food Project*. The joint effort by DOH-Seminole and the

Early Learning Coalition of Seminole lead to the creation of early learning centers, or modules at different areas of the health department where parents and their young children can play, interact, and learn about health-related topics while waiting for services. One of the goals of the modules is to help parents of young children learn health literacy. Many families do not have access to such early learning centers, and anecdotal reports indicate that parents often spend quality time with their children at the centers following completion of their appointments. The centers will also serve as a conduit for communication between the partner agencies, so parents can be better informed about early learning and other services offered.



Brain Food Module encouraging education and parent/child engagement



Community Integrated Mobile Services home visit

Goal: Improve access to care through improved health literacy for all Seminole County residents.

Strategy 1: Connect individuals at risk with a coordinated support system.

Key Partners: Health Council of East Central Florida, the Christian Sharing Center, Inc., Choice Neighborhood Initiative (CNI), Lillie H. Green Community Center Stakeholder Group, City of Oviedo: Improving Oviedo Neighborhoods (ION), DOH-Seminole, Orlando Health.

Status indicators are as follows:



= Little to no movement towards objective target



= Some progress towards meeting the objective target



= Reached or surpassed objective target

Why this is important to our community: Community Health Needs Assessment data identified access to quality care as a top priority for county residents. Additional CHNA data regarding community assets reflected opportunities for improvement related to health literacy.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
Establish prioritized baseline health literacy data in key communities of Goldsboro, Winwood and Johnson Hill where known health disparities continue to exist by March 31, 2018.	Community Profile for: Goldsboro, Winwood and Johnson Hill.	Complete	Profiles are completed for Goldsboro , Winwood and Johnson Hill.		All profiles were completed. The Johnson Hill neighborhood profile was recently released and will provide additional relevant community data to help inform decision making when updating the Improving Oviedo Neighborhoods (ION) action plan.
Identify existing indicator data. Research evidence based best practice countermeasures, tools and projects both nationally and within the State by December 31, 2017.	Current baseline data not available. This step will develop data.	In Process	Complete by 12.31.17		Focused research has been conducted by strategic issue area teams and DOH-Seminole Epidemiology staff for key cities within the community related to specific health factors. DOH-Seminole's Healthy Seminole Collaborative expanded membership to the Adult Literacy League to promote additional development in this area. While progress has been made, additional research is still needed to broaden the scope of information.
Implement and disseminate action plans to address selected health literacy improvement opportunities by December 31, 2018.	Current baseline data not available. This step will develop data.	Profiles are complete. Action plans per city pending to use identified profiles	Complete by 12.31.18	0	Action Plans for two key cities within Seminole County have been implemented and disseminated. As mentioned before, the profile for the Johnson Hill neighborhood was recently released and will be available for consideration during updating of the Improving Oviedo Neighborhoods (ION) action plan.

Strategic Issue Area Chronic Diseases

Chronic diseases and conditions – such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis – are among the most common, costly, and preventable of all health problems. In the United States, chronic diseases, conditions, and the health risk behaviors that cause them, account for most health care costs. As part of the 2016 Community Health Needs Assessment (CHNA), 12 years of trend data was collected related to health disparities within Seminole County. Opportunities for improvement relating to several chronic conditions were reflected including an increase in adult obesity rates from 19.8% in 2002 to 26.8% in 2013, an

increase in adults with diagnosed diabetes from 5% in 2002 to 13.5% in 2010 (above the state average of 10.4%) and a high blood pressure prevalence rate in adults of 34%, far exceeding the Healthy People 2020 goal of 26.9%. In addition, nearly all Seminole County has a MRFEi score below 5 (poor access or no access to healthy retail food outlets), with three identified food deserts in the county.

In 2019, the Healthy Seminole Collaborative has made progress towards the identified objectives with the establishment of Diabetes Self-Management Education and a Diabetes Prevention Program located at DOH-Seminole, and partnership with local representatives to increase free or reduced cost physical activities/programs/classes for all individuals including weekly yoga classes (Million Hearts grant included). In addition, the Health and Hunger Taskforce of Central Florida continues to be engaged in promoting food insecurity screenings and healthy pantries through six grant funded pilots with emphasis on patient support and capacity building equipment to designated healthy pantries to increase perishable food distribution. Also, the Second Harvest Food Bank recently implemented a volunteer driver initiative which connects a patient in need of food with a driver that can supply a box of food from the nearest pantry to the patient's home. As of November 2019, 14 drivers have signed up for the volunteer programs. Drivers have liability coverage and are reimbursed for mileage from pantry to patient's home through the Second Harvest Food Bank.

A Public Health garden is located in the atrium at DOH-Seminole in Farm Daddy self-irrigating plant boxes and maintained by DOH-Seminole employees in coordination with the Employee Wellness Committee and a Master Gardener, Rufus Boykin. The garden provides produce for the food pantry and Goldsboro Farmer's Market. The food pantry at the health department Sanford location reopened in 2019 with support from multiple community partners including The Christian Sharing Center, Inc., Seminole County Government and dedicated volunteers and partners the University of Central Florida Arboretum, Farm Daddy, Seminole County Public Schools, Goldsboro Elementary School, Goldsboro Farmers Market and the DOH-Seminole Employee Wellness Committee. It is open every Thursday from 4 p.m. to 6 p.m.



Public Health Garden and reopening of Food Pantry

Goal: Increase the percentage of Seminole County residents at a healthy weight.

Strategy 1: Encourage nutritional and physical activity.

Key Partners: YMCA, Metro Plan Orlando, UCF Nursing, Bookertown Improvement Association Inc., Health Council of East Central Florida, Seminole County Government, Orlando Health

Status indicators are as follows:



= Little to no movement towards objective target



= Some progress towards meeting the objective target



= Reached or surpassed objective target

Why this is important to our community: In the United States, chronic diseases, conditions and the health risk behaviors that cause them account for most health care costs.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
2.1 Decrease the percentage of adults who self-report inactivity or insufficient activity from 53.7% in 2013 to 47% by December 31, 2020.	Percentage of adults who self- report inactive or insufficiently active. FLHealth CHARTS (BFRSS)	47.6% 2016 53.7% 2013 Data available every 3 years	47%		Objective met per last data reported. Activities completed in 2019 include Bike to Work Day in partnership with ReThink your Commute and Live, Work, Move Seminole 5K hosted in the city of Casselberry. Within the past year, DOH-Seminole has implemented both Diabetes Self-Management Education and Diabetes Prevention programs. DOH-Seminole has partnered with local representatives to increase free and reduced cost physical activities/programs/classes for all individuals including weekly yoga classes with support from Million Hearts funding. Also, the Congregational Wellness Program, an active partnership between DOH-Seminole and local faith-based organizations, promotes wellness in a trusted and safe environment for the community. Finally, DOH-Seminole was awarded with the SNAP-Ed (Obesity Prevention) Programming grant to help individuals or households at or below 185 percent of federal poverty level, address risk factors for nutrition-related chronic disease, and prevent of postpone the onset disease by establishing healthier eating habits and being more physically active.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
2.2 Decrease the percentage of adults who self-report being obese from 26.8% to 24% by December 31, 2020.	Percentage of adults who self- reported being obese. FLHealth CHARTS (BRFSS)	27.9% 2016 26.8% 2013	24%		Although the target was not met, several activities were completed in 2019 including the Bike to Work Day, in partnership with ReThink your Commute, and Live, Work, Move Seminole 5K hosted in the city of Casselberry. Within past year DOH-Seminole has implemented both Diabetes Self-Management Education and a Diabetes Prevention program. DOH-Seminole has partnered with local representatives to increase free and reduced cost physical activities/programs/classes for all individuals including weekly yoga classes with support from Million Hearts funding. Also, the Congregational Wellness Program, an active partnership between DOH-Seminole and local faith-based organizations, promotes wellness in a trusted and safe environment for the community. Finally, DOH-Seminole was awarded with the SNAP-Ed (Obesity Prevention) Programming grant to help individuals or households at or below 185 percent of federal poverty level, address risk factors for nutrition-related chronic disease, and prevent of postpone the onset disease by establishing healthier eating habits and being more physically active.
2.3 Develop catalogue of healthy living resources in Seminole County by December 31, 2020.	Current baseline data not available. This step will develop data.	In Process	Developed catalogue	0	Catalogue still under development

2.4 Increase the Seminole County Modified Retail Food Environment Score from less than 5 in 2011 to 5-11 by 2020.	Food Environment Index County Health Rankings and Roadmaps Modified Retail Food Environment Index (page 120 of 2016 CHNA)	7.8 (2019) 7.7 (2018) 7.4 (2017) 0 (worst) to 10 (best) Less than 5: Poor Access (2011)	5-11: Low Access		Objective has been met. Data source was updated to County Health Ranking's Food Environment Index. Scale from 0 (worst) to 10 (best). Collaboration with Congregational Wellness, Goldsboro Farmer's Market programs and the reopening of the food pantry and public health garden aims to encourage better food choices and improve access to affordable and quality fresh nutritious food, especially in identified food deserts.
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Strategic Issue Area Maternal and Child Health

Maternal and child well-being determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system. Infant and child health are similarly influenced by socioeconomic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. As part of the 2016 Community Health Needs Assessment (CHNA), 12 years of trend data was collected related to health disparities within Seminole County. Opportunities for improvement related to birth outcomes were reflected. While Seminole County has consistently seen an overall decrease in negative birth outcomes, this trend has not been consistent amongst all races and ethnicities. Black infant mortality rates remain disproportionality higher than Hispanic or White rates. In 2018, infant mortality rates per 1,000 live births was 2.1 for Whites, 0.9 for Hispanics and 16.0 for Blacks within Seminole County.

Recognizing the complex issues around infant mortality, the Florida's Healthy Babies Program, and the Department's Health Equity Program Council conducted the 1st Community Conversations Workshop in 2016. During this workshop, multi-disciplinary partners were convened to assess existing Department programs and priorities to determine best practices. Later in 2017, the 2nd Community Conversations event was conducted to learn from professionals, and a community panel session improved understanding of infant mortality from the perspective of social determinants of health. In 2019, the 3rd Community Conversations event was hosted to align identified needs with resources and establish an action plan focusing on Safe Sleep, Breastfeeding, Tobacco and Shaken Baby Syndrome. Various awareness events, trainings and classes resulted from the collaboration between partners like the Neonatal Abstinence Syndrome Summit, hosted by DOH - Seminole. Workshops were held to raise awareness and promote injury prevention initiatives, such as the hyperthermia display to educate the community about child deaths that can occur due to leaving children in hot vehicles. Additional workshops improved community awareness and educated parents on topics such as: 1) how to properly install car seats and decrease mortality due to vehicle crashes, 2) safe sleep awareness to prevent deaths due to Sudden Infant Death Syndrome

(SIDS) and 3) reduce babies exposure to second hand smoke by educating pregnant mothers about the dangers of smoking for them and for their babies as well as providing evidence based resources to help them quit the habit.



Temperature Inside vehicle

Temperature
Outside
vehicle

Hyperthermia display at a Back to School event

Goal: Decrease black infant mortality rates in Seminole County.

Strategy 1: Promoting early prenatal care and education.

Key Partners: Seminole County Government, Center for Multicultural Wellness & Prevention, South Seminole Community for Progress, Nemours Children's Hospital, Safe Kids, Seminole County Children's Cabinet (Focus Group), Department of Children and Families, University of Central Florida, Tobacco Free Seminole Coalition

Status indicators are as follows:



= Little to no movement towards objective target



= Some progress towards meeting the objective target



= Reached or surpassed objective target

Why this is important to our community: Black infant mortality rates remain disproportionality higher than Hispanic or White rates. In 2014 infant mortality rates per 1,000 live births was 4.1 for Whites, 3.1 for Hispanics and 11.5 for Blacks within Seminole County.

Writes, 3.1 for hispatrics and 11.5 for Blacks within Serfillole County.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
3.1 Reduce the Black infant mortality rate from 11.5 in 2014 to 10 per 1,000 live births by December 31, 2019.	Black infant mortality rate FLHealth CHARTS	16.0 per 1,000 births (2018) 7.9 per 1,000 births (2017) 11.5 per 1,000 births (2014)	10 per 1,000 births		The goal was met in 2017, but the rate increased beyond the target in 2018. The current partnership between Florida Healthy Babies and the Health Council of East Central Florida has produced new and engaging community opportunities and development of best practices, including a comprehensive prenatal resource guide to promote early clinical services, parenting classes and additional learning opportunities, all based on community feedback and recommendations.
3.2 Research evidence based best practice countermeasures, tools and projects both nationally and within the State by March 31, 2018.	Develop and Implement an action plan to address disparities in infant mortality based on identified best practices.	Action Plan is being implemented	Complete by March 31, 2018		Objective has been met. Identified best practices including increased promotion of the Florida Infant Screening Tool that allows identification of infants born in Florida with greatest risk of having health problems, identification of current resources in the community that help prevent or mitigate risk associated with infant mortality and community conversations to understand local challenges encountered that need improvement. By addressing disparities in infant mortality, multi- disciplinary partners brainstormed potential root causes and possible interventions to improve health equity in this population. As a result, an action plan was developed and is being implemented to promote best practices in safe sleep, preventing unintended or unwanted pregnancy among young mothers and increasing access to breast feeding education and information.

Strategic Issue Area Behavioral Health: Mental & Substance Abuse

Individuals with psychological disorders are at a greater risk for decreased quality of life, educational difficulties, lowered productivity, poverty, social problems, vulnerability to abuse and additional health problems. Education is often compromised when early-onset mental disorders prevent individuals from completing their education or successfully pursuing a career. Access to mental health services was noted often across all data collection sources within the 2016 Community Health Needs Assessment (CHNA) as a primary community concern. Health disparity data reflected an upward trend in the percentage of adults with poor mental health days of 14 or more within the past 30 days within the Non-Hispanic White population, those making more than \$50k annually, and those with educational levels above high school, as well as those making less than \$25k per year. Additionally, hospital data reflected a continued increase in the number of emergency room visits with a primary diagnosis of nondependent abuse of drugs.

In 2019, the Seminole County Opioid Council proactively implemented multiple actions through their five work groups (Prevention, Public Safety & Criminal Justice, Treatment & Recovery, Medical and Legislative). Some highlights are:

- Adoption of Medication Assisted Treatment (MAT) models, one of which is led by ASPIRE, in partnership with the Jail, to target inmates that have limited resources to manage addition while incarcerated.
- AdventHealth Emergency Department in Altamonte Springs Medical Detox ten bed unit with peer counselors, physicians and nurses. Patient can voluntarily leave but must give 24-hour notification prior to departing to support treatment and referral services.
- Seminole County Sherriff's Office, along with cross-sector partners, working towards construction of new medical treatment facility.
- Awareness of Bill 120 authorizing public schools to have Narcan
- Continue to increase awareness of Neonatal Abstinence Syndrome (NAS) as opioid crisis is affecting addicted pregnant mothers that give birth to addicted babies.







Some members of the Council

Goal: Understand mental health needs for adult residents of Seminole County.

Strategy 1: Establish a mental health baseline data profile for Seminole County adult residents.

Key Partners: Aspire Health Partners, Seminole County Sheriff's Office, Seminole County Emergency Medical Response, Advent Health, DOH-Seminole, Health Council of East Central Florida, True Health, Orlando Health, Seminole County Jail.

Status indicators are as follows:

= Little to no movement towards objective target
= Some progress towards meeting the objective target



= Reached or surpassed objective target

Why this is important to our community: Opioid addiction is currently a major public health issue that is not only increasing the death rate due to overdose, but leading to great behavioral health challenges like depression, anxiety, and an increase in infectious diseases

challenges like de	epiession, anni		HOLEASE III II	ilections c	11364363.
Objective	Indicator	Current Level	Target	Status	Explanation of Status
4.1 Establish a Seminole County mental health profile for adult residents that includes key indicator data regarding depression by December 31, 2020.	Mental health profile for adult Seminole County residents that includes key indicator data regarding depression	Social and Mental Health Seminole County Profile from FLHealth CHARTS	Complete by December 31, 2020.		County mental health profile available in FLHealthCHARTS that can be used as a baseline to select best indicators.
4.2 Identify existing indicator data. Research evidence based best practice countermeasures, tools and projects both nationally and within the State by December 31, 2020.	Current baseline data not available. This step will develop data.	In Process	Complete by December 31, 2020.	0	Community and stakeholder engagement regarding this objective resulted in varied views regarding best objective to focus on. Current community partners are connecting mental health profile data; strategic priority area team to continue to address and possibly modify this objective. Increased activity associated with drug use profile including mental health indicators by the Seminole County Opioid Council has developed within the past year, providing additional information regarding the mental health profile of Seminole County adults.

4.3 Reduce deaths caused by opioid use from 34* deaths annually in 2016 to 30 deaths annually by December 31, 2020.	Total number of overdose deaths reported within Seminole County. Sheriff Seminole County City/County Investigative Bureau report	10 deaths (As of 3/3/2020) 81 deaths (2019) 82 deaths (2018) 83 deaths (2017) 62* (2016)	30 deaths per year	0	Seminole County Opioid Council working proactively to assess and address opioid crisis through 5 prong approach 1. Prevention 2. Public Safety and Criminal Justice 3. Treatment and Recovery 4. Medical 5. Legislative Workgroups have led to identification of opportunities for improvement, action planning and accountability.
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^{*} Please note that due to under-reporting, opioid related deaths data was corrected in most recent SCSO Seminole County City/County Investigative Bureau report from 34 to 62 deaths in 2016.

Revisions



The 2017-2020 Seminole County Community Health Improvement Plan (CHIP) was released in June 2017 after completion of four community planning sessions in February 2017. In 2019, the Collaborative fully supported completion of the 2019 Community Health Needs Assessment (CHNA) using their quarterly meetings as venues to communicate with members about assessment progress made, as well as providing a space to discuss current needs. On August 23, 2019, the 2019 CHNA was shared with collaborative members who immediately

embarked on the completion of the 2020-2023 Seminole CHIP. Therefore, on November 14, 2019 the Healthy Seminole Collaborative team met to review progress on the 2017-2020 Seminole CHIP, per priority area and agreed to move forward with development of the 2020-2023 CHIP, considering several current (2019) identified needs aligning with those included in the 2017-2020 Seminole CHIP.



Accomplishments

Community-wide strategic planning requires a sustainable commitment from various stakeholders, partners and residents who are committed to the success of identified key priority areas. Notable accomplishments have been identified in the 2017-2020 Seminole Community Health Improvement Plan.

Goal	Objective	Accomplishment
Improve access to care through improved health literacy for all Seminole County residents.	Implement and disseminate action plans to address selected health literacy improvement opportunities by December 31, 2018.	By the age of 4, about 90 percent of a child's brain has developed. The creation of Early Learning Centers (aka Modules) at different areas of the health department, in partnership with the Early Learning Coalition of Seminole, is a major step where parents can bond with their children as it will aid child development as well as help form strong social and emotional health. In addition, many adults, especially those who live below the poverty line, did not have such early learning centers. Therefore, the centers also promote communication between partner agencies and parents aiming to increase health literacy. Parents are educated about early learning and other services offered in the community, thereby increasing health literacy and access to care for families.

How it's important for our community: At some point in our lives, we all need to be able to find, understand, and use health information and services. Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems and protect our health, as well as better manage those problems and unexpected situations that happen.

Goal	Objective	Accomplishment
Understand mental health needs for adult residents of Seminole County.	Reduce deaths caused by opioid use from 34 deaths annually in 2017 to 30 deaths annually by December 31, 2020.	The Seminole County Opioid Council led by the Seminole County Sheriff's Office (SCSO) has brought together cross-sectional county representatives to address the opioid crisis within the community. The Seminole Collaborative Opioid Response Efforts (S.C.O.R.E.) Team's primary goal is to combat the opioid epidemic through a collaborative initiative which includes services for detoxification, stabilization and treatment/rehabilitation. In 2019, the team was able to achieve significant goals including development of a grief support group called Advocates for our Angels, which is specifically for parents whose children have died of an opioid overdose. The SCSO helped launch the group and is working to connect it with other parents in need of support. In addition, the Advocates for our Angels lead team started a

second support group called H.O.P.E.— Helping One Parent Empower (another) — for parents still supporting a child battling addiction. They hope to help this group of parents find the resources their children need.

Additional efforts are being implemented among the jail population where a partnership was created with ASPIRE to provide a recovery treatment program for females and males and other services like group counseling, yoga, among others.

In the future, the Seminole County Sheriff's Office is considering development of the Voluntary Opioid Intervention Diversion (VOID) program, that will allow lower level crimes committed by victims of the opioid crisis to be dismissed if the person accepts and completes treatment.

How it's important for our community: The Seminole County Opioid Council is comprised of numerous community partners, each committed to positive outcomes and equipped with the needed knowledge, skills, abilities and resources to accomplish team goals. This cross-sectional team ensures a holistic and comprehensive approach.

Goal	Objective	Accomplishment
Increase the percentage of Seminole County residents at a healthy weight.	Increase the Seminole County Modified Retail Food Environment Score from less than 5 in 2011 to 5-11 by 2020.	The Health and Hunger Taskforce of Central Florida continues leading an engaged cross-sector of organizations to increase access to highly nutritious food for our low-income neighbors with chronic disease, leveraging our network of pantries all around the community. Over the past year, the team has met significant goals associated with the food environment within Seminole County supporting the reestablishment of a local food pantry through the partnership between the Christian Sharing Center, Inc. and DOH-Seminole.
HOW IT'S IMPORTANT FOR C	our community: The Heali	th and Hunger Taskforce of Central Florida is

How it's important for our community: The Health and Hunger Taskforce of Central Florida is comprised of numerous community partners, each committed to positive outcomes and equipped with the needed knowledge, skills, abilities and resources to accomplish team goals. This cross-sectional team ensures a holistic and comprehensive approach.

Increase the percentage of Seminole County residents at a healthy weight.

Decrease the percentage of adults who self-report inactivity or insufficient activity from 53.7% in 2013 to 47% by December 31, 2020. And Decrease the percentage of adults who self-report being obese from 26.8% to

DOH-Seminole has implemented evidence-based programs like the Diabetes Prevention Program (DPP) designed to promote modest weight loss, increase physical activity and other lifestyle changes in adults diagnosed with prediabetes. In 2019 the DPP program established a partnership the Special Olympics and the Agency for Persons with Disabilities to provide appropriate health education and support for the priority population. Additionally, the Diabetes Self Management Education (DSME) program provides the foundation to help people with

24% by December 31, 2020.

diabetes navigate nutritional and physical activity decisions to improve health outcomes. In 2019, ten out of the 12 DSME program participants (83%) achieved a 10% or greater reduction in their Glycosylated Hemoglobin (Hgb A1C) level, which measures blood glucose control over the previous 3 months. Partnerships and referral agreements have been established with several private medical practices and most recently with Shepherd's Hope Health Center in Longwood and True Health for their Sanford and Casselberry clinics. Finally, DOH-Seminole was awarded with the SNAP-Ed (Obesity Prevention) Programming grant to help individuals or households at or below 185 percent of federal poverty level, address risk factors for nutritionrelated chronic disease, and prevent of postpone the onset disease by establishing healthier eating habits and being more physically active. The SNAP-Ed program included providing information to families about increasing water intake through the Rethink your Drink initiative and promote healthy recipe tastings. The initiative targeted Open houses at 6 Title 1 and full service schools reaching over 600 participants.

How it's important for our community: "Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time" - *Healthy People 2020*

Conclusion

The 2017-2020 Seminole Community Health Improvement Plan (CHIP) serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. The Florida Department of Health in Seminole County, Healthy Seminole Collaborative, and associated priority area teams are a structure that allows evaluation of progress made on an ongoing basis through quarterly CHIP implementation reports and quarterly community partner engagement sessions. Annual reviews and revisions were based on input from partners. Collaborative partnerships afforded DOH-Seminole with the opportunity to leverage work together with community organizations to have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Seminole County.

Appendices

Appendix A: VMSG Performance Management Report	23
Appendix B: CHIP Review Meeting Agenda & Sign-in Sheet and Minutes	
Appendix C: Comprehensive List of Community Partners	

VMSG Performance Management Report

3/13/2020

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Operational Plan Report

FDH-Seminole | 17-20 CHIP - 2017-2020 Community Health Improvement Plan

[3/13/2020]



Group: -- 17-20 CHIP | -- 2017-2020 Community Health Improvement Plan

Initiative Health Literacy & Access to care

Goal Connect individuals at risk with a coordinated support system to improve the health 1.1: literacy and access to care for all Seminole County residents.

Notes: Strategy: Connect individuals at health risk with a coordinated support system.

Objective 1.1.1: Establish prioritized baseline health literacy data in key communities of Goldsboro, Winwood and Johnson Hill where known health disparities continue to exist by March 31, 2018.

Objective % Done: 100 % Activities Sum:

Notes: Objective Lead Organization: DOH-Seminole Epidemiology Program.

All three community profiles (Goldsboro, Windwood and Johnson Hill) have been completed.

Objective 1.1.2: Research evidence based best practice countermeasures, tools and projects both nationally and within the State by December 31, 2017.

> Objective % Done: 25 % Activities Sum:

Notes: Objective Lead Organization: Adult Literacy League (2017-2018) DOH-Seminole

2018 12.20. DOH-Seminole has expanded participation of access partners within the Healthy Seminole Collaborative to promote additional development, including the Adult Literacy

2017 12.18 Focused research has been conducted by strategic issue area team and DOHSeminole Epidemiology staff for key cities within the community related to specific factors of health. While progress has been made additional research is needed to broaden scope of

Objective 1.1.3: Implement and disseminate action plans to address selected health literacy improvement opportunities by December 31, 2018.

Objective % Done: 75 %

Notes: Objective Lead Organization: DOH-Seminole Epidemiology Program

2018 12:20 Data collection process has been completed, currently on data analysis stage.

Activities Sum:

2017 12.18 Implemented and dissemintated action plans have been developed for 2 key cities within Seminole County. Per CHIP additional plan is needed for Johnson Hill.

Initiative Chronic Disease

Goal Encourage nutrition and physical activity to increase the percentage of Seminole 2.1: County residents at a health weight.

Notes: Strategy: Encourage nutrition and physical activity.

Objective 2.1.1: Decrease the percentage of adults who self-report inactivity or insufficient activity from 53.7% in 2013 to 47% by December 31, 2020.

> Objective % Done: 100 % Activities Sum:

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Notes: Objective Lead Organization: Second Harvest Food Bank: Health and Hunger Task Force

2020 2.26 According to Florida Charts, the measure decreased to 47.6% as of the most updated information (2016).

2019 Annual Update: Implemented community activities to accomplish this objectives included: Bike to Work Day in partnership with ReThink your Commute, 5th Annual Live, Work, Move Seminole 5K and collaborative partnerships with local representatives to increase free/reduce cost physical activities including exercise classes such as yoga and African American dance classes.

2018 12.20 Within past year DOHSeminole has implemented both Diabetes Self-Management Education and Diabetes Prevention programs.8 DOH-Seminole has partnered with local representatives to increase free/reduced physical ctivities/programs/classes for all individuals including weekly yoga classes.

2017 12.18 Activities to support this objective have continued to grow including increase in community partnerships and development of additional physical activity opportunities within the community including community 5K.

Objective 2.1.2: Decrease the percentage of adults who self-report being obese from 26.8% to 24% by December 31, 2020.

Objective % Done: 0 % Activities Sum:

Notes: Objective Lead Organization: Second Harvest Food Bank: Health and Hunger Task Force

2020 2.26 According to Florida Charts, the measure increased to 27.9% as of the most updated information (2016).

2019 Annual Update: Implemented community activities to accomplish this objectives included: Bike to Work Day in partnership with ReThink your Commute, 5th Annual Live, Work, Move Seminole 5K and collaborative partnerships with local representatives to increase free/reduce cost physical activities including exercise classes such as yoga and African American dance classes.

Objective 2.1.3: Develop catalogue of healthy living resources in Seminole County by December 31, 2020.

Objective % Done: 45 % Activities Sum:

Notes: Objective Lead Organization: Second Harvest Food Bank: Health and Hunger Task Force

DOH Seminole continues working with the Health and Hunger Taskforce of Central Florida to develop a resource guide/catalogue of healthy living resources in Seminole County.

Objective 2.1.4: Increase the Seminole County Modified Retail Food Environment score from less than 5 in 2011 to 5-11 by 2020.

Objective % Done: 100 % Activities Sum:

Notes: Objective Lead Organization: Second Harvest Food Bank: Health and Hunger Task Force

Data source was updated to County Health Ranking's Food Environment Index. Scale goes from 0 (worst) to 10 (best). Health and Hunger Taskforce of Central Florida engaged in development of data sharing system and various food security efforts.

Initiative Maternal and Child Health

3:

Goal Promote early prenatal care and education to decrease black infant mortality rates in 3.1: Seminole County.

Notes: Strategy: Increase the percentage of Black mothers with prenatal care.

Objective 3.1.1: Reduce the Black infant mortality rate from 11.5 in 2014 to 10 per 1,000 live births by December 31, 2019.

Objective % Done: 0 % Activities Sum: Notes: Objective Lead Organization: Florida Healthy Babies

2020 Update: The goal was met in 2017, but the rate increased beyond the target in 2018. FL healthy Babies program continues to engage with key community partners to assess, identify

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and impletment action plans focusing on strategies addressing Social Determinants of Health.

In October 2018, the Neonatal Abstinence Syndrome Summit was held to address increasing infants born substance exposed and mitigate his emerging health issue.

The objective was met in 2017 (7.9) according to Florida Charts, however the most recent measurement in 2018 was 16.0. The Healthy Start program was transitioned to the FQHC in Seminole County in 2017.

2017 - 7.9 per 1,000 births.

Partnership between Florida Healthy Babies and Health Council of East Central Florida engaged community involvement toward this initiatives.

Objective 3.1.2: Research evidence based best practice countermeasures, tools and projects both nationally and within the State by March 31, 2018.

Objective % Done: 100 % Activities Sum:

Notes: Objective Lead Organization: Health Council of East Central Florida

Objective has been met.

2020 Update: Community collaboration resulted in identification of best practices including the Florida Infant Screening Tool that allows identification of infants born in Florida with the greatest risk of having health problems and identification of resources in the community to will assist with infant mortality factors. An action plan was developed and implemented to promote best practices including safe sleeping behaviors, preventing unwanted or unintended pregnancies among young mothers and increasing access to breast feeding education and information

Initiative Behavioral Health: Mental & Substance Abuse

4:

24

Goal Establish a mental health baseline data profile for Seminole County (adult residents)
4.1: to understand mental health needs for Seminole County adult residents.

Notes: Strategy: Establish baseline data of mental health for Seminole County residents.

Mental Health Profile available at FL Health CHARTS

Objective 4.1.1: Establish a Seminole County mental health profile for adult residents that includes key indicator data regarding depression by December 31, 2020.

Objective % Done: 100 % Activities Sum:

Notes: Objective Lead Organization: Seminole County Sherriff's Office

2020 Update: Current community partners identified a county mental health profile that is available in Florida Charts that can be used as a baseline to select best practice indicators.

Objective 4.1.2: Identify existing indicator data. Research evidence based best practice countermeasures, tools and projects both nationally and within the State by December 31, 2017.

Objective % Done: 100 % Activities Sum:

Notes: Objective Lead Organization: Seminole County Sherriff's Office

2020 The community collaborated to form the Seminole County Opioid Council also known as the Seminole Collaborative Opioid Response Effort (S.C.O.R.E) team which meets regularly to address opioid related incidents and review monthly data pertaining to opioid use and related deaths in Seminole County. The SCORE Team is active and continues to work towards the objective of saving lives by combatting the opioid epidemic through a collaborative initiative. The five pronged approach addressing and targeting prevention, enforcement, medical, recovery & treatment and Legislation.

Objective 4.1.3: Reduce deaths caused by opioid use from 34 deaths annually in 2016 to 30 deaths annually by December 31, 2020.

Objective % Done: 0 % Activities Sum:

Notes: Objective Lead Organization: Seminole County Sherriff's Office

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By year, the total number of deaths related to opioid use in Seminole County is as follows:

2020 - 10 (up to February. Report made available on March 3, 2020)

2019 - 81

2018 - 82

2017 - 83

2016 - 62 (Note: the number of opioid related deaths in Seminole County was corrected from 34 to 62 in 2016)

2020 Community approach through prevention subcommittee lead to establishment of two support groups

- -Advocates for our Angels, which is specifically for parents whose children have died of an opioid overdose, and
- Helping One Parent Empower another (H.O.P.E.) for parents still supporting a child battling addiction to find the resources their children need.

In addition the Medical subcommittee have worked/discussed the following:

- Advent Health Emergency Department in Altamonte Springs currently with structure (Medical Detox 10 bed unit with peer counselor, physician and nurse. Voluntary give 24-hour notification prior to leaving) to support treatment and referral services. Looking for another location to replicate
- Seminole County Sherriff's Office along with cross-sector partners working towards construction of new medical treatment facility.
- Awareness of Bill 120 passed authorizing public schools to have Narcan
- Continue to increase awareness on Neonatal abstinence syndrome as opioid crisis is affecting addicted pregnant mothers that give birth to addicted babies.

2019 Although the number of opioid related deaths in Seminole County continues to rise, several initiatives are ongoing to address the crisis including the S.C.O.R.E Team, distribution of Narcan to all Seminole County first responders and education of the use of Narcan.

CHIP Review Meeting Agenda, Sign-in Sheet and Minutes



2019 November Collaboration Meeting

Mark Your Calendars!

Engage with partnering agencies regarding community health improvement.

Thursday, November 14, 2019 9:30AM - 12:00 Noon Florida Department of Health in Seminole County 400 West Airport Blvd., Sanford, FL 32773

Discussion Topics:

Community Health Needs Assessment Discussion
Community Health Improvement Plan Discussion



November 2019 Collaborative Meeting

Hosted by Florida Department of Health in Seminole County 400 West Airport Blvd., Sanford, FL 32773 Auditorium

November 14, 2019 9:30AM-12:00PM

AGENDA

Time	Topic	Speaker
9:30-9:50	Welcome	Donna Walsh
	2017-2020 Community Health Improvement Plan Overview	
9:50-10:50	2017-2020 Community Health Improvement Plan 2019 Plan Outcomes	Patricia Mondragon
	Access to Care & Health Literacy Healthy Aging Collaborative	Carlos Diaz Enid Santiago
	Chronic Disease Health and Hunger Taskforce Congregational Wellness	Amanda Sintes
	Maternal & Child Health Healthy Babies	Alfredo Maldonado-Lebron
	Behavioral Health Seminole County Opioid Council	Michele Smith Agent Michelle Lord Agent Courtney Ashworth
10:50-11:00	Break	
11:00-11:50	Deeper Dive Conversations Members to engage in focused CHIP areas	Participants
11:55-12:00	Closing Remarks / Adjourn Next Collaborative Meeting December 12, 2019	Donna Walsh

Sign-in Sheet



Location: Florida Department of Health in Seminole County November 14, 2019 9:30AM-12:00PM

NAME	ORGANIZATION	EMAIL
Gabriella Anderson	Adventhealth	Gabrilla. Anderson DAdvent Health com
PERNELL BUSH	KEY Counsaling Solutions	Phush @ Key courseling solutions. com
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ANAROW Thomas	City of SAN Rid	ANLARW. Thomas @ SANARA FI. JON
Hugh Hasling	ECFRPC	Whar ing@ectroe. org
Kerthyn Valentine	Scoem	I har ling @ ectope, ora
Marha Sanfari	Nemairs	Martha. Synterie newa
Vany Norman	Sofe Kids	nnorman@semule heriff
Zud Arls	DOH	
Dizebeth Arlner	Advent Health	



Location: Florida Department of Health in Seminole County November 14, 2019 9:30AM-12:00PM

NAME	ORGANIZATION	EMAIL
Jafet Rios	True Health	rafet vius amorneleal thing
Sheyla Almedina	True Health	Sheyla almedina enytruehealth org
Sandra Anselmo	Specialized benefit advisors	specialized benefit advisors (
Savah Lavsen	Metro Plan Orlando	Slarsen @ metroplan ortando org
Mirua Chamomo	DOH	J
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Cristian Alarcan	MHP Salud	Calaxon@ who sodul on
Heidi Anaya	Rase Project	Heidi. A Drase project. org
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Location: Florida Department of Health in Seminole County November 14, 2019 9:30AM-12:00PM

NAME	ORGANIZATION	EMAIL
Michelle Lord	SCSO	mord @ semmolesheriff.or 9
Courtney Ashworth	5050	Cashworth @ semanoleshanfforg
tracial Cu-afferi	FAHCV	research & flhecorg
Michele Smith	SCSO	michelesmithe seminole
Amada Sinto	SHIB	as inteded feedhape now as
CRISTIN CRUZ	SHEB	
PETER Willems	Hispanic Health Initiatives, IN	PETE QHHIZOOI. ORG
MARK LaFourtain	RASE Project	Mark. L. @ Rase project. org
Analynn Jones	SCPS	Anolynn - John a oscps. x12.fl
Briana Smith	Healthy Start (connect program	Briana Dhealthystart seminole.



Location: Florida Department of Health in Seminole County November 14, 2019 9:30AM-12:00PM

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Location: Florida Department of Health in Seminole County November 14, 2019 9:30AM-12:00PM

NAME	ORGANIZATION	EMAIL
Cynthia Hawley	Adventhealth	Cynthia Hawley a AdventHealth
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Ben Williams	Oviedo	builliams ocityofovido net
Shaling Chemeni	Dacing Moon Fair	ductiquema lacolo Egnal ce
Ken Peach	Health Council	kpeach & heart, org patricia, mondragon P. Flheatth, gov
Patricia Mondragon	DOH-feminsk OPRI	patricia mondragen Pitheeth.gov



Location: Florida Department of Health in Seminole County November 14, 2019 9:30AM-12:00PM

NAME	ORGANIZATION	EMAIL
Patriac Whites	Dot-Sugal	
CARLOS DIAZ	DOH Seminte	
Jessicathyon	IMPONER	

Meeting Minutes



Date: Thursday November 14, 2019

Time: 9:30pm-12:00pm

Location: Seminole County Health Department, Auditorium

Facilitator: Donna Walsh and Patricia Mondragon

Presenters: Donna Walsh, Michele Smith, Amanda Sintes, John Fleemin, Alfredo Maldonado and Patricia Mondragon

Topic	Summary
Welcome	Donna welcomed members and provided a general summary of progress made by
2017-2020 Community Health Improvement Plan Overview	the collaborative per priority area. Information provided can be found on PowerPoint presentation slides 1 through 11 https://floridahealth-my.sharepoint.com/:b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp https://floridahealth-my.sharepoint.com/:b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp https://floridahealth-my.sharepoint.com/ :b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp https://floridahealth-my.sharepoint.com/ :b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp https://floridahealth-my.sharepoint.com/ :b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp https://floridahealth-my.sharepoint.com/ :b://g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp
2017-2020 Community Health	Behavioral Health Priority: Michele Smith, from the Specialized Investigative
Improvement Plan 2019 Updates	Services Division at the Seminole County Sheriff's Office along with Agent Michelle Lord and Agent Courtney Ashworth presented on the Seminole County Opioid Council progress done so far with the five different subcommittees and upcoming initiatives. Information provided can be found on PowerPoint presentation slides 13 through 25 https://floridahealth-my.sharepoint.com/:b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp XJaCu9m_68B8f4d_QpkqIYe_8BIJuDyaQ?e=J07Q7d

Chronic Disease Priority

Amanda Sintes the Community Health and Nutrition Program Manager for Second Harvest Food Bank of Central Florida presented on progress made through the Health and Hunger Task Force and upcoming projects to continue supporting vulnerable populations suffering food insecurities. Information provided can be found on PowerPoint presentation slides 26 through 33 https://floridahealth-my.sharepoint.com/:b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBpXJaCu9m_68B8f4d_QpkqlYe_8BlJuDyaQ?e=J07Q7d

Access to Care & Health Literacy Priority

John Fleemin Health Educator from the Community Integrated Mobile Health Service (CIMHS) Program presented information about what are the services provided by CIMHS and the progress made so far in partnership with the Health Council of East Central Florida and the Centers for Disease Control and Prevention and how Access to Care and Health Literacy is addresses through services provided. Information provided can be found on PowerPoint presentation slides 34 through 41 https://floridahealth-

my.sharepoint.com/:b:/g/personal/patricia mondragon flhealth gov/EQG93ysnwttBp XJaCu9m 68B8f4d QpkqlYe 8BlJuDyaQ?e=J07Q7d

Maternal and Child Health Priority

Alfredo Maldonado, Operation and Management Consultant for the Specialty Care, Florida Healthy Babies Initiative and Tobacco Prevention Program presented on current and future activities to prevent Infant mortality. Information provided can be found on PowerPoint presentation slides 42 through 54 https://floridahealth-my.sharepoint.com/:b:/g/personal/patricia_mondragon_flhealth_gov/EQG93ysnwttBp XJaCu9m_68B8f4d_QpkqIYe_8BIJuDyaQ?e=J07Q7d

Deeper Dive Conversations and Closing Remarks.

CHNA Process and Priorities Overview

Donna provided a summary of the process that led on the release of the 2019 CHNA and identified priorities. Information provided can be found on PowerPoint presentation slides 55 through 62 https://floridahealth-

Top 10 CHIP Priorities Activity and Data Walk

Patricia Mondragon explained activity to narrow down CHNA identified issues to the Seminole County top 10 priorities by using a set of 30 cards representing 30 CHNA selected health challenges and a ranking board for members to rank each card they believe should make the top ten issues to be addressed in Seminole County. CHNA data findings per 30 health challenge was presented to help members make their decision on the ranking. Once data was presented, top ten priorities per member were collected and later analyzed to finally present the top 10 priorities on the next Collaborative meeting scheduled for December 12, 2019. Information provided can be found on PowerPoint presentation slides 63 through 101 https://floridahealth-



Ranking Board



Cards



Member's Completed Ranking Board

Appendix C:

Comprehensive List of Community Partners

Advent Health	American Association of University Women	American Heart Association
Aspire Health	Bookertown Improvement Association, Inc.	Center for Multicultural Wellness and Prevention
Central Florida Cares	Central Florida Regional Hospital	City of Casselberry
City of Oviedo	City of Sanford	City of Winter Springs Park & Recreation
Community Health Centers	Department of Transportation - ReThink your Commute	East Central Florida Regional Planning Council
Emergency Medical Services	Florida Department of Health - Central Office	Florida Department of Health - Lake County
Florida Department of Health - Orange County	Florida Department of Health - Osceola County	Goldsboro Front Porch Council
Health Council of East Central Florida	Healthy Start Coalition of Seminole County	Impower
Key Counseling Solutions	MetroPlan Orlando	Nemours
Orlando Health	Safe Kids	Sanford Police Department
Second Harvest Food Bank	Seminole County Government	Seminole County Office of Emergency Management
Seminole County Public Schools	Seminole County Sheriff's Office	Seminole State College
Shephard's Hope	South Seminole Community Association for Progress	University of Central Florida